


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 700577

1. Entity Name
THE COMMUNITY REFORMED CHURCH OF CLEARWATER, INC



Principal Place of Business Mailing Address

1430 BELLEAIR RD. 1430 BELLEAIR RD.
 CLEARWATER, FL 33756 US CLEARWATER, FL 33756 US

DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1968188 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOULD, NORRIS
 1712 ROBINHOOD LANE
 CLEARWATER, FL 33764

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOULD, NORRIS
STREET ADDRESS	1712 ROBINHOOD LANE
CITY - ST - ZIP	CLEARWATER, FL
TITLE	D
NAME	SPENCE, JAMES
STREET ADDRESS	456 TRINIDAD LANE
CITY - ST - ZIP	LARGO, FL 33770
TITLE	D
NAME	REYNOLDS, GLORIA
STREET ADDRESS	1345 BYRON DRIVE
CITY - ST - ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *N. Gould* 8-9-04 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR